

Senate File 2067 - Introduced

SENATE FILE 2067

BY JOCHUM and HATCH

A BILL FOR

1 An Act relating to patient safety by establishing a nurse
2 staffing plan, a collaborative nurse staffing committee,
3 a patient safety committee, and reporting for nurses, and
4 including effective date provisions.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I

NURSE STAFFING AND COLLABORATIVE NURSE STAFFING COMMITTEES

Section 1. NEW SECTION. 135P.1 Definitions.

1. "*Acuity*" means the measure of a patient's severity of illness or medical condition including but not limited to the stability of physiological and psychological parameters and the dependency needs of the patient and the patient's family.

2. "*Department*" means the department of inspections and appeals.

3. "*Hospital*" means the same as defined in section 135B.1.

5. "*Mental health institute*" means a mental health institute as described in chapter 226.

4. "*Mental illness*" means a substantial disorder of thought or mood which significantly impairs judgment, behavior, or the capacity to recognize reality or the ability to cope with the ordinary demands of life.

6. "*Nursing care*" means those services which can be provided only under the direction of a registered nurse or a licensed practical nurse.

7. "*Nursing facility*" means the same as defined in section 135C.1.

8. "*Rehabilitative services*" means services to encourage and assist restoration of optimum mental and physical capabilities of the individual resident of a health care facility.

9. "*Resident*" means an individual admitted to a health care facility in the manner prescribed by section 135C.23.

10. "*School nurse*" means a person who holds an endorsement or a statement of professional recognition for school nurses issued by the board of educational examiners.

11. "*Supervision*" means oversight and inspection of the act of accomplishing a function or activity.

Sec. 2. NEW SECTION. 135P.2 Hospital nurse staffing plan and standards.

1. A hospital shall approve, implement, and comply with a direct care registered nurse staffing plan developed by the

1 hospital's collaborative nurse staffing committee established
2 pursuant to section 135P.4. The plan shall provide for the
3 adequate, appropriate, and quality delivery of health care
4 services and protect patient safety.

5 2. Except as otherwise provided in this section, a
6 hospital's staffing plan shall provide that, at all times
7 during each shift within a unit of the hospital, a direct care
8 registered nurse may be assigned to not more than the following
9 number of patients in the specified unit:

10 a. One patient in a trauma emergency unit.

11 b. One patient in an operating room unit, provided that at
12 least one additional person serves as a scrub assistant in such
13 unit.

14 c. Two patients in a critical care unit, including neonatal
15 intensive care units, emergency critical care and intensive
16 care units, labor and delivery units, coronary care units,
17 acute respiratory care units, postanesthesia units, and burn
18 units.

19 d. Three patients in an emergency room unit, pediatrics
20 unit, stepdown unit, or combined labor, deliver, and postpartum
21 unit.

22 e. Four patients in a medical-surgical unit, intermediate
23 care nursery unit, acute care psychiatric unit, or other
24 specialty care unit.

25 f. Five patients in a rehabilitation unit or skilled nursing
26 unit.

27 g. Six patients in a postpartum unit or well-baby nursery
28 unit.

29 3. The department may apply minimum direct care registered
30 nurse-to-patient ratios established in subsection 2 for a
31 hospital unit referred to in that subsection to a type of
32 hospital unit not referred to in that subsection if the
33 hospital unit provides a level of care to patients whose needs
34 are similar to the needs of patients cared for in the hospital
35 unit referred to in that subsection.

1 4. In developing the staffing plan, the collaborative nurse
2 staffing committee shall provide for direct care registered
3 nurse-to-patient ratios above the minimum ratios provided in
4 subsection 2, if appropriate, based upon consideration of the
5 following factors:

6 *a.* The number of patients and acuity level of patients
7 as determined by the application of an acuity system, on a
8 shift-by-shift basis.

9 *b.* The anticipated admissions, discharges, and transfers of
10 patients during each shift that impact direct patient care.

11 *c.* Specialized experience required of direct care registered
12 nurses on a particular unit.

13 *d.* Staffing levels and services provided by licensed
14 vocational or practical nurses, licensed psychiatric
15 technicians, certified nurse assistants, or other ancillary
16 staff in meeting direct patient care needs not required by a
17 direct care registered nurse.

18 *e.* The level of technology available that affects the
19 delivery of direct patient care.

20 *f.* The level of familiarity with hospital practices,
21 policies, and procedures by temporary agency direct care
22 registered nurses used during a shift.

23 *g.* Obstacles to efficiency in the delivery of patient care
24 presented by physical layout.

25 *h.* Other information relevant to patient care.

26 5. This section shall not be construed as a prohibition
27 on a hospital's ability to set standards that are at least
28 equivalent to the requirements under this section.

29 6. *a.* A hospital shall not average the number of patients
30 and the total number of direct care registered nurses assigned
31 to patients in a hospital unit during any one shift or over any
32 period of time for purposes of meeting the requirements under
33 this section.

34 *b.* A hospital shall not impose mandatory overtime
35 requirements to meet the hospital unit direct care registered

1 nurse-to-patient ratios required under this section.

2 *c.* A hospital shall ensure that only a direct care
3 registered nurse may relieve another direct care registered
4 nurse during breaks, meals, and other routine, expected
5 absences from a hospital unit.

6 *d.* A hospital shall not encroach on the scope of practice of
7 a direct care registered nurse. A hospital shall not require a
8 direct care registered nurse to train a replacement if doing so
9 would compromise patient safety.

10 *e.* A hospital shall establish a system to document actual
11 staffing in each unit for each shift.

12 *f.* To the extent appropriate based on the staffing plan in
13 each unit in relation to actual patient care requirements and
14 the accuracy of the acuity system, a hospital shall annually
15 approve updates to the nurse staffing plan developed by the
16 collaborative nurse staffing committee.

17 *g.* Once developed, a hospital shall conspicuously post
18 the required staffing levels for each unit in the unit and in
19 waiting areas. The postings must be visible to hospital staff,
20 patients, and the public.

21 7. A hospital shall not discipline a direct care registered
22 nurse for refusing to accept an assignment if, in good faith
23 and in the nurse's professional judgment, the nurse determines
24 that the assignment is unsafe for patients due to patient
25 acuity and nursing intensity.

26 8. The requirements established in this section shall not
27 apply during a state of emergency if a hospital is requested or
28 expected to provide an exceptional level of emergency or other
29 medical services.

30 9. The requirements established in subsections 2, 3,
31 and 6 do not apply to entities designated as critical access
32 hospitals pursuant to 42 U.S.C. § 1395i-4. The nurse staffing
33 plan at a critical access hospital shall follow the standards
34 set in subsections 2, 3, and 6 as is reasonable based on the
35 hospital's needs and capabilities.

1 10. The department may sanction a hospital for failure to
2 comply with this section, including failure to staff patient
3 care units at levels required in its staffing plan.

4 11. The department may adopt rules to enforce this section.

5 Sec. 3. NEW SECTION. 135P.3 **Nursing facility and mental**
6 **health institute nurse staffing plan and standards.**

7 1. A nursing facility or mental health institute shall
8 approve, implement, and comply with a direct care registered
9 nurse staffing plan developed by the facility's or institute's
10 collaborative nurse staffing committee established pursuant
11 to section 135P.4. The plan shall provide for the adequate,
12 appropriate, and quality delivery of health care services and
13 protect patient safety.

14 2. In developing the staffing plan, the collaborative nurse
15 staffing committee shall provide for direct care registered
16 nurse-to-patient ratios based upon consideration of the
17 following factors:

18 a. The number of patients and acuity level of patients
19 as determined by the application of an acuity system, on a
20 shift-by-shift basis.

21 b. The anticipated admissions, discharges, and transfers of
22 patients during each shift that impact direct patient care.

23 c. Specialized experience required of direct care registered
24 nurses on a particular unit.

25 d. Staffing levels and services provided by licensed
26 vocational or practical nurses, licensed psychiatric
27 technicians, certified nurse assistants, or other ancillary
28 staff in meeting direct patient care needs not required by a
29 direct care registered nurse.

30 e. The level of technology available that affects the
31 delivery of direct patient care.

32 f. The level of familiarity with the nursing facility's or
33 mental health institute's practices, policies, and procedures
34 by temporary agency direct care registered nurses used during a
35 shift.

1 *g.* Obstacles to efficiency in the delivery of patient care
2 presented by physical layout.

3 *h.* Other information relevant to patient care.

4 3. *a.* A nursing facility or mental health institute
5 shall not average the number of patients and the total number
6 of direct care registered nurses assigned to patients in a
7 nursing facility or mental health institute unit during any one
8 shift or over any period of time for purposes of meeting the
9 requirements of a direct care registered nurse staffing plan
10 developed pursuant to this section.

11 *b.* A nursing facility or mental health institute shall not
12 impose mandatory overtime requirements to meet the nursing
13 facility or mental health institute unit direct care registered
14 nurse-to-patient ratios required by a direct care registered
15 nurse staffing plan developed pursuant to this section.

16 *c.* A nursing facility or mental health institute shall
17 ensure that only a direct care registered nurse may relieve
18 another direct care registered nurse during breaks, meals, and
19 other routine, expected absences from a nursing facility or
20 mental health institute unit.

21 *d.* A nursing facility or mental health institute shall not
22 encroach on the scope of practice of a direct care registered
23 nurse. A nursing facility or mental health institute shall not
24 require a direct care registered nurse to train a replacement
25 if doing so would compromise patient safety.

26 *e.* A nursing facility or mental health institute shall
27 establish a system to document actual staffing in each unit for
28 each shift.

29 *f.* To the extent appropriate based on the staffing plan in
30 each unit in relation to actual patient care requirements and
31 the accuracy of the acuity system, a nursing facility or mental
32 health institute shall annually approve updates to the nurse
33 staffing plan developed by the collaborative nurse staffing
34 committee.

35 *g.* Once developed, a nursing facility or mental health

1 institute shall conspicuously post the required staffing levels
2 for each unit in the unit and in waiting areas. The postings
3 must be visible to nursing facility or mental health institute
4 staff, patients, and the public.

5 4. A nursing facility or mental health institute shall
6 not discipline a direct care registered nurse for refusing
7 to accept an assignment if, in good faith and in the nurse's
8 professional judgment, the nurse determines that the assignment
9 is unsafe for patients due to patient acuity and nursing
10 intensity.

11 5. The requirements established in this section shall not
12 apply during a state of emergency if a nursing facility or
13 mental health institute is requested or expected to provide an
14 exceptional level of emergency or other medical services.

15 6. The department may sanction a nursing facility for
16 failure to comply with the provisions of this section,
17 including failure to staff patient care units at levels
18 required in its staffing plan.

19 7. The department may adopt rules to enforce this section.

20 Sec. 4. NEW SECTION. 135P.4 Collaborative nurse staffing
21 committee.

22 1. A hospital, nursing facility, or mental health institute
23 shall establish a collaborative nurse staffing committee
24 comprised of nonsupervisory staff nurses. The membership of
25 the committee shall be apportioned among registered nurses,
26 licensed practical nurses, and advanced practice registered
27 nurses based upon the proportion of each type of nonsupervisory
28 nurse licensee to the total of all nonsupervisory nurses
29 employed by the hospital, nursing facility, or mental health
30 institute. Each member of the committee shall be appointed
31 respectively by other nonsupervisory nurses who hold the same
32 license. The committee shall include at least six members, and
33 shall meet at least annually. The hospital, nursing facility,
34 or mental health institute shall compensate the nurses who
35 are employed by the hospital, nursing facility, or mental

1 health institute and serve on the collaborative nurse staffing
2 committee for time spent on committee business.

3 2. By majority vote, the committee may establish its own
4 rules and procedures, and shall set the term of membership.

5 3. *a.* The committee shall recommend a nurse staffing plan
6 to the hospital, nursing facility, or mental health institute
7 as provided under sections 135P.2 and 135P.3. If the hospital,
8 nursing facility, or mental health institute does not approve
9 the plan, the hospital, nursing facility, or mental health
10 institute shall provide a written response to the committee,
11 indicating the reasons for not approving the recommended nurse
12 staffing plan.

13 *b.* The committee shall annually evaluate its staffing
14 plan for each type of unit in relation to actual patient care
15 requirements and the accuracy of its acuity system. The
16 committee shall recommend updates to the nurse staffing plan
17 annually based on the evaluation. If the hospital, nursing
18 facility, or mental health institute does not approve the
19 updates, the hospital, nursing facility, or mental health
20 institute shall provide a written response to the committee,
21 indicating the reasons for not approving the recommended
22 updates to the nurse staffing plan.

23 *c.* The committee shall recommend a reporting system
24 for a nurse staffing violation that allows a person with
25 knowledge of the violation, including but not limited to
26 health care practitioners, hospital, nursing facility, or
27 mental health institute employees, patients, and visitors,
28 to make a report of the violation to the department. If the
29 committee makes a recommendation to the hospital, nursing
30 facility, or mental health institute and the hospital, nursing
31 facility, or mental health institute does not approve the
32 committee's recommendation, the hospital, nursing facility,
33 or mental health institute shall provide a written response
34 to the committee indicating the reasons for not approving the
35 recommendation.

1 4. The committee may make other recommendations related
2 to providing direct care to patients. If the committee
3 makes a recommendation to the hospital, nursing facility, or
4 mental health institute and the hospital, nursing facility,
5 or mental health institute does not approve the committee's
6 recommendation, the hospital, nursing facility, or mental
7 health institute shall provide a written response to the
8 committee, indicating the reasons for not approving the
9 recommendation of the committee.

10 Sec. 5. NEW SECTION. 135P.5 School nurse staffing.

11 1. A school district shall approve, implement, and comply
12 with a school nurse staffing plan developed by the school
13 nurses in the district. The plan shall provide for the
14 adequate, appropriate, and quality delivery of health care
15 services.

16 2. In developing the school nurse staffing plan, the school
17 nurses shall consider the following factors:

18 a. The number of enrolled students in the school district.

19 b. The anticipated need for direct health care services at
20 each school in the district.

21 c. Staffing levels and services provided by licensed
22 vocational or practical nurses, licensed psychiatric
23 technicians, certified nurse assistants, or other ancillary
24 staff in meeting direct student health care needs not required
25 by a direct care registered nurse.

26 d. The level of technology available that affects the
27 delivery of direct student health care.

28 e. Obstacles to efficiency in the delivery of student health
29 care including the location of schools in the district.

30 f. Other information relevant to student health care.

31 3. The school nurse staffing plan shall include but is not
32 limited to:

33 a. The delivery of services that must be administered by a
34 school nurse.

35 b. The delivery of services that require direct supervision

1 of a school nurse.

2 *c.* The delivery of services that require indirect
3 supervision of a school nurse.

4 4. If the school district does not approve the school
5 nurse staffing plan, it shall provide a written response to
6 the school nurses, indicating the reason for not following the
7 recommended school nurse staffing plan.

8 5. The school nurses shall annually evaluate the nurse
9 staffing plan and meet with the school board of the school
10 district for which the nurses are employed to recommend updates
11 to the school nurse staffing plan. If the school district does
12 not approve the updates it shall provide a written response to
13 the school nurses, indicating the reason for not following the
14 recommended updates to the nurse staffing plan.

15 6. The requirements established in this section shall
16 not apply during a state of emergency if a school district
17 is requested or expected to provide an exceptional level of
18 emergency or other medical services.

19 7. The school district must compensate school nurses
20 for time spent on developing and evaluating the school nurse
21 staffing plan.

22 8. The school nurses may make other recommendations related
23 to providing direct care to students in the school district.
24 If the school nurses make a recommendation to the school
25 district and the school district does not follow the school
26 nurses' recommendation, it shall provide a written response to
27 the school nurses, indicating the reason for not following the
28 recommendation.

29 Sec. 6. NEW SECTION. 152.13 **Scope of practice.**

30 The scope of practice of a direct care registered nurse shall
31 not be encroached by any person.

32 Sec. 7. Section 256.11, subsection 9B, Code 2011, is amended
33 to read as follows:

34 9B. Beginning July 1, 2007, each school district shall have
35 a school nurse to provide health services to its students.

1 Each school district shall work toward the goal of having
2 at least one full-time school nurse for every seven hundred
3 fifty when more than two hundred students are enrolled in the
4 school district by 2015. Each school district shall approve,
5 implement, and comply with a nurse staffing plan pursuant to
6 section 135P.5. For purposes of this subsection, "*school nurse*"
7 means a person who holds an endorsement or a statement of
8 professional recognition for school nurses issued by the board
9 of educational examiners under chapter 272.

10 Sec. 8. EFFECTIVE DATE.

11 1. Except as otherwise provided by this Act, this division
12 of this Act takes effect July 1, 2013.

13 2. The minimum direct care registered nurse-to-patient
14 ratios established in sections 135P.2 and 135P.3, as enacted in
15 this division of this Act, and the school nurse staffing plan
16 established in section 135P.5, as enacted in this Act, shall
17 take effect not later than July 1, 2014, or in the case of a
18 critical access hospital as defined in 42 U.S.C. § 1395i-4, not
19 later than July 1, 2016.

20 DIVISION II

21 PATIENT SAFETY PLAN

22 Sec. 9. NEW SECTION. 135P.6 Patient safety plan.

23 1. A hospital, nursing facility, or mental health institute
24 shall develop, implement, and comply with a patient safety
25 plan for the purpose of improving the health and safety of
26 patients and reducing preventable patient safety events. The
27 patient safety plan shall be developed by the hospital, nursing
28 facility, or mental health institute in coordination with the
29 entity's health care professionals.

30 2. The patient safety plan shall, at a minimum, provide for
31 the establishment of all of the following:

32 a. A patient safety committee or a committee equivalent in
33 composition and function. The committee shall be comprised of
34 various health care professionals employed by the hospital,
35 nursing facility, or mental health institute, at least half

1 of whom shall be direct care nurses. A hospital, nursing
2 facility, or mental health institute shall compensate the
3 health care professionals who are employed by the hospital,
4 nursing facility, or mental health institute and serve on the
5 patient safety committee or equivalent committee for time spent
6 on committee business.

7 *b.* The committee shall do all of the following:

8 (1) Review and approve the patient safety plan.

9 (2) Receive and review reports of patient safety events as
10 defined in subsection 3.

11 (3) Monitor implementation of corrective actions for
12 patient safety events.

13 (4) Make recommendations to eliminate future patient safety
14 events.

15 (5) Review and revise the patient safety plan at least
16 annually to evaluate and update the plan and to incorporate
17 advancements in patient safety practices.

18 *c.* A reporting system for patient safety events that allows
19 a person with knowledge of a patient safety event, including
20 but not limited to health care practitioners and hospital,
21 nursing facility, or mental health institute employees,
22 patients, and visitors, to make a report of a patient safety
23 event to the hospital, nursing facility, or mental health
24 institute. A reporting system shall support and encourage a
25 culture of safety and the reporting of patient safety events.

26 *d.* A process for a team of hospital, nursing facility, or
27 mental health institute staff to conduct analyses, including
28 but not limited to root cause analyses of patient safety
29 events. The team shall be composed of the entity's various
30 categories of health care professionals with the appropriate
31 competencies to conduct the required analyses.

32 *e.* A process for providing ongoing patient safety training
33 for hospital, nursing facility, or mental health institute
34 personnel and health care practitioners.

35 3. For the purposes of this section, patient safety events

1 shall be defined by the patient safety plan and shall include
2 but are not limited to health-care-associated infections,
3 as defined in the federal centers for disease control and
4 prevention's national healthcare safety network, or its
5 successor, unless the department accepts the recommendation of
6 the healthcare-associated infection advisory committee, or its
7 successor, that are determined to be preventable.

8 Sec. 10. EFFECTIVE DATE.

9 1. Except as otherwise provided by this Act, this division
10 of this Act takes effect July 1, 2013.

11 2. The implementation of a hospital, nursing facility,
12 or mental health institute patient safety plan pursuant to
13 section 135P.6, as enacted in this Act, shall take effect not
14 later than July 1, 2014, or, in the case of a critical access
15 hospital as defined in 42 U.S.C. § 1395i-4, not later than July
16 1, 2016.

17 DIVISION III

18 PATIENT PROTECTION

19 Sec. 11. NEW SECTION. 135P.7 Retaliation prohibited —
20 remedies.

21 1. a. A hospital, nursing facility, mental health institute,
22 or school district shall not take retaliatory action against a
23 nurse as a reprisal when the nurse reports an action or event
24 to the hospital, nursing facility, mental health institute,
25 or school district or to the department or other applicable
26 entity, and the nurse reasonably believes, based on the nurse's
27 professional standards of care, professional code of ethics, or
28 other established guidelines for direct care workers including
29 but not limited to a patient safety plan or a nurse staffing
30 plan, that the action or event the nurse has observed occurring
31 at the hospital, nursing facility, mental health institute, or
32 school district is a material violation of health and safety
33 laws or a breach of public safety that has caused serious harm
34 to or creates a significant probability of serious harm to
35 patients or health care recipients.

1 registered nurse-to-patient ratios to other hospital units if
2 the unit provides a level of care to patients whose needs are
3 similar to that listed. The bill also provides factors for the
4 collaborative nurse staffing committee to consider when setting
5 nurse-to-patient ratios above what is listed in the bill. The
6 bill provides that the nurse staffing plan provisions should
7 not be construed as a prohibition on the hospital's ability to
8 set standards that are equivalent to or higher than set under
9 the bill.

10 The bill specifies a hospital's obligations regarding a
11 staffing plan. The bill prohibits a hospital from averaging
12 the number of patients and total number of direct care
13 registered nurses assigned to a unit during any one shift or
14 over a period of a time in order to meet the requirements of
15 the nurse staffing plan. A hospital cannot impose mandatory
16 overtime requirements to meet the ratios required. Only direct
17 care registered nurses can relieve other direct care registered
18 nurses. A hospital cannot encroach on a direct care registered
19 nurse's scope of practice or require a direct care registered
20 nurse to train a replacement if doing so would jeopardize
21 patient safety. A hospital must establish a system to document
22 staffing in each unit for each shift. A hospital shall
23 approve updates to the nurse staffing plan as is appropriate
24 in relation to patient care requirements and the accuracy of
25 the acuity system. A hospital must conspicuously post staffing
26 levels for each unit in the unit and in waiting areas. A
27 hospital may not discipline a direct care registered nurse for
28 refusing to accept an assignment, if the nurse believes in good
29 faith and within the nurse's judgment that the assignment is
30 unsafe for patients. The bill provides that the requirements
31 established do not apply during a state of emergency. The bill
32 provides an exception from the staffing requirements and the
33 hospital obligations for critical access hospitals. The bill
34 also provides for the DIA to sanction a hospital for failing
35 to comply with the bill and allows the DIA to enact rules to

1 enforce the bill.

2 The bill imposes similar requirements on nursing facilities
3 and mental health institutes, providing factors the facility's
4 or mental health institute's collaborative nurse staffing
5 committee must consider when developing a staffing plan, but
6 the bill does not require specific staffing ratios for nursing
7 facilities or mental health institutes.

8 The bill provides that hospitals, nursing facilities,
9 and mental health institutes shall establish collaborative
10 nurse staffing committees comprised of nonsupervisory staff
11 nurses. The membership of a committee shall be apportioned
12 among registered nurses, licensed practical nurses, and
13 advanced practice registered nurses based upon the proportion
14 of each type of nonsupervisory nurse licensees to the total
15 of nonsupervisory nurses employed by the hospital, facility,
16 or institute. The members of the committee will be appointed
17 by other nonsupervisory nurses with the same license. The
18 committee must have six members and must meet at least
19 annually. The hospital, nursing facility, or mental health
20 institute must compensate the employed nurses for time spent
21 on committee business. The committee may establish its own
22 rules and procedures by majority vote. The committee shall
23 recommend a nurse staffing plan to the hospital, facility, or
24 institute. The hospital, facility, or institute must provide
25 a written response indicating the reasons for not approving
26 the plan if it does not approve the plan. The committee must
27 annually evaluate the staffing plan and recommend updates to
28 the hospital, nursing facility, or mental health institute
29 respectively. If the hospital, nursing facility, or mental
30 health institute does not approve the updates, it shall provide
31 a written response indicating the reasons. The committee
32 must also recommend a reporting system for a nurse staffing
33 violation that allows a person with knowledge of the violation
34 to make a report to the DIA. The committee may make other
35 recommendations related to providing direct care to patients

1 to the hospital, nursing facility, or mental health institute,
2 respectively. If the hospital, nursing facility, or mental
3 health institute does not approve the recommendation, it shall
4 provide written notice indicating the reason.

5 The bill also requires a school district to approve,
6 implement, and comply with a school nurse staffing plan
7 developed by the district's school nurses. The bill requires
8 the district's school nurses to consider, the number of
9 enrolled students, the need for direct health care services at
10 each school, the staffing levels and services provided by other
11 ancillary staff, the technology available that affects delivery
12 of care, obstacles to efficiency including the location of
13 schools in the district, and other relevant information. The
14 school nursing staffing plan must include at least the delivery
15 of services required to be administered by a school nurse, the
16 delivery of services that require the direct supervision of the
17 school nurse, and the delivery of services that require the
18 indirect supervision of a school nurse. The bill states that
19 a school district that does not approve a nurse staffing plan
20 must provide a written response indicating the reason for not
21 following the plan.

22 The bill also requires school nurses to annually evaluate
23 the nurse staffing plan and meet with the school board to
24 recommend updates to the plan. The school nurses also may make
25 other recommendations to the school district. If the school
26 district does not approve the updates or other recommendations,
27 it must provide a written response indicating the reason for
28 not adopting the recommended updates.

29 The bill requires a school district to compensate a school
30 nurse for time spent developing and evaluating the school nurse
31 staffing plan.

32 The bill also amends Code section 256.11 regarding the
33 school nurse requirements for a school district. The bill
34 decreases the number of students from 750 to 200 for which the
35 school district should have a school nurse. The bill also

1 states that school districts should try to meet this goal by
2 2015.

3 The division takes effect July 1, 2013. The direct care
4 registered nurse-to-patient ratios and school nurse staffing
5 plans take effect not later than July 1, 2014, or July 1, 2016,
6 for a critical access hospital.

7 Division II of the bill relates to patient safety plans.
8 The bill provides that a hospital, nursing facility, or
9 mental health institute must develop, implement, and comply
10 with a patient safety plan. The patient safety plan must
11 include and establish a patient safety committee or equivalent
12 committee. The committee shall be comprised of the entity's
13 various health care professionals, but at least half of the
14 committee shall be comprised of direct care nurses. The
15 health care professionals employed by the entity who serve
16 on the committee must be compensated for the time spent on
17 committee business. The patient safety committee must review
18 and approve the patient safety plan, receive and review reports
19 of patient safety events, monitor implementation of corrective
20 actions, make recommendations to eliminate future patient
21 safety events, review and revise the patient safety plan at
22 least annually, and update the plan. The bill provides that a
23 patient safety plan must include a reporting system for patient
24 safety events, a process for a team of the entity's staff to
25 conduct analyses of patient safety events, and a process for
26 providing ongoing patient safety training. The bill states
27 that a "patient safety event", as used in the bill, shall be
28 defined by the patient safety plan. This division of the bill
29 related to patient safety plans takes effect July 1, 2013.
30 The implementation of a patient safety plan shall take effect
31 by July 1, 2014, except that a critical access hospital must
32 implement a patient safety plan by July 1, 2016.

33 Division III of the bill relates to nurses reporting
34 violations that affect patient safety. The bill provides
35 that a hospital, nursing facility, mental health institute,

1 or school district shall not discharge or otherwise retaliate
2 against a nurse employed by the entity as a reprisal when the
3 nurse reports an action or event to the entity, DIA, or other
4 applicable state agency and the nurse reasonably believes the
5 action or event is a material violation of health and safety
6 laws or is a breach of public safety that has caused serious
7 harm to or creates a significant probability of serious harm
8 to patients or health care recipients. The division does not
9 apply if the disclosure is prohibited by statute. A person
10 who violates the division is liable to an aggrieved nurse for
11 affirmative relief including reinstatement with or without back
12 pay or any other equitable relief the court deems appropriate.
13 The bill also provides for an injunction when a person is
14 committing or proposes to commit an act in violation of the
15 division.